Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page:

2

**County:** Chippewa

**Newly Closed, Approved Placements** 

Payee ID Payee Address

Child Service Description Placement Start Date

Placement End Date

Primary Caseworker Case ID

Payment Start Date Payment End Date Basic Amount Supp Amount Except Amount Admin Amount Total Amount

##### #####

8839 Cty Hwy T

Chippewa Falls, WI 54729

#####

Foster Home-Gen. License 15 + years old

4/1/2005

4/4/2005

\$51.68

\$0.00

\$0.00

#####

\$131.51

#####

Payee Total:

\$51.42

\$51.42

\$28.41

\$28.41

\$51.68

\$131.51

Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT Report Id: FM0103 Page: 3

County: Chippewa

**Newly Opened, Approved Placements** 

Payee ID Payee Address

#####

#####

Service Description Primary Caseworker Case ID Child Placement Placement Start Date End Date Basic Supp Admin Total Payment Payment Except Start Date End Date Amount Amount Amount Amount Amount

##### 29023 70th Ave. Cadott, WI 54727

##### #####

Foster Home - Gen. License 0-4 years old

4/6/2005 4/30/2005 \$248.22 \$147.95 \$123.29 \$0.00 \$519.46

Payee Total: \$248.22 \$147.95 \$123.29 \$0.00 \$519.46

##### 317 Goldsmith Street Chippewa Falls, WI 54729

#####

Kinship Care Provider - No Court Order

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

#####

Kinship Care Provider - No Court Order

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

5/9/2005 Run: 9:16AM Time:

Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page:

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**County:** Chippewa

**Newly Opened, Approved Placements** 

Payee ID Payee Address

| Child | Service Descr         | iption              |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|-------|-----------------------|---------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
|       | Payment<br>Start Date | Payment<br>End Date | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|       | Payee Total:          |                     | \$430.00        | \$0.00                  | \$0.00                | \$0.00             | \$430.00        |

##### #####

18931 72nd Ave

Chippewa Falls, WI 54729

| ##### | #### | ##### |
|-------|------|-------|
|       |      |       |

Foster Home-Gen. License 15 + years old

4/1/2005 4/30/2005 \$391.00 \$0.00 \$0.00 \$391.00 \$0.00

Payee Total: \$391.00 \$0.00 \$0.00 \$0.00 \$391.00

Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 5

County: Chippewa

| Ongoing Placen                                     | nents                             |                               |                 |                         |                       |                    |                 |
|--|-----------------------------------|-------------------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
| Payee ID<br>Payee<br>Address                       |                                   |                               |                 |                         |                       |                    |                 |
| Child  | Service Desc                      | cription                      |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Date             | Payment<br>End Date           | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
| ##### ##### 420 Pumphouse Chippewa Falls,          |                                   |                               |                 |                         |                       |                    |                 |
| #####  |                                   |                               |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider             |                               |                 | Φ0.00                   | Φ0.00                 | Φ0.00              | <b>#215</b> 00  |
|  | 4/1/2005                          | 4/30/2005                     | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                      |                               | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####<br>#####<br>18472 54th St<br>Chippewa Falls, | WI 54729                          |                               |                 |                         |                       |                    |                 |
| #####  |                                   |                               |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider<br>4/1/2005 | r - No Court Ore<br>4/30/2005 | der<br>\$215.00 | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                      |                               | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 6

County: Chippewa

**Ongoing Placements** 

Payee ID Payee Address

Service Description Primary Caseworker Child Placement Placement Case ID Start Date End Date Basic Supp Admin Total Payment Payment Except Start Date End Date Amount Amount Amount Amount Amount

##### ######

Gilman, WI 54433

##### ##### ##### Kinship Care Provider - No Court Order 4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00 ##### ##### ##### Kinship Care Provider - No Court Order 4/1/2005 4/30/2005 \$0.00 \$0.00 \$0.00 \$215.00 \$215.00 **Payee Total:** \$430.00 \$0.00 \$0.00 \$0.00 \$430.00

##### #####

40 North Main Street Markesan, WI 53946

#####

Kinship Care Provider - CHPS

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 7

County: Chippewa

**Ongoing Placements** 

| Payee ID<br>Payee<br>Address                         |          |                             |                              |                    |                         |                       |                    |                 |
|--|----------|-----------------------------|------------------------------|--------------------|-------------------------|-----------------------|--------------------|-----------------|
| Child  |          | Service Descr               | ription                      |                    | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  |          | Payment<br>Start Date       | Payment<br>End Date          | Basic<br>Amount    | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|  |          | Payee Total:                |                              | \$215.00           | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####<br>#####<br>612 E. Nayes St.<br>Boyd, WI 54726 |          |                             |                              |                    |                         |                       |                    |                 |
| #####  |          |                             |                              |                    |                         |                       | #####              | #####           |
|  |          | Home-Gen. Lico<br>4/1/2005  | ense 12-14 year<br>4/30/2005 | rs old<br>\$375.00 | \$0.00                  | \$0.00                | \$0.00             | \$375.00        |
|  |          | Payee Total:                |                              | \$375.00           | \$0.00                  | \$0.00                | \$0.00             | \$375.00        |
| #####<br>#####<br>531 W. Elm<br>Chippewa Falls,      | WI 54729 | )                           |                              |                    |                         |                       |                    |                 |
| #####  |          |                             |                              |                    |                         |                       | #####              | #####           |
|  |          | Home - Gen. Lie<br>4/1/2005 | cense 0-4 years<br>4/30/2005 | s old<br>\$302.00  | \$0.00                  | \$315.00              | \$0.00             | \$617.00        |
| #####  |          |                             |                              |                    |                         |                       | #####              | #####           |
|  | Foster F | Home-Gen. Lice              | ense 5-11 vear               | s old              |                         |                       |                    |                 |

Foster Home-Gen. License 5-11 years old

5/9/2005 Run: Time: 9:16AM

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 8

**County:** Chippewa

# **Ongoing Placements**

Payee ID

| Payee<br>Address |                                  |                              |                  |                         |                       |                    |                 |
|------------------|----------------------------------|------------------------------|------------------|-------------------------|-----------------------|--------------------|-----------------|
| Child            | Service Descr                    | ription                      |                  | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|                  | Payment<br>Start Date            | Payment<br>End Date          | Basic<br>Amount  | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|                  | 4/1/2005                         | 4/30/2005                    | \$329.00         | \$108.00                | \$315.00              | \$0.00             | \$752.00        |
|                  | Payee Total:                     |                              | \$631.00         | \$108.00                | \$630.00              | \$0.00             | \$1,369.00      |
| #####<br>#####   |                                  |                              |                  |                         |                       |                    |                 |
| Milwaukee, WI    | 532011997                        |                              |                  |                         |                       |                    |                 |
| #####            |                                  |                              |                  |                         |                       | #####              | #####           |
|                  | Treatment Foster Hom<br>4/1/2005 | ne - Contracted<br>4/30/2005 | \$391.00         | \$0.00                  | \$0.00                | \$0.00             | \$391.00        |
| #####            |                                  |                              |                  |                         |                       | #####              | #####           |
|                  | Treatment Foster Hom<br>4/1/2005 | ne - Contracted<br>4/30/2005 | 5-11<br>\$329.00 | \$0.00                  | \$0.00                | \$0.00             | \$329.00        |
| #####            |                                  |                              |                  |                         |                       | #####              | #####           |
|                  | Treatment Foster Hom<br>4/1/2005 | ne - Contracted<br>4/30/2005 | 15+<br>\$391.00  | \$0.00                  | \$0.00                | \$0.00             | \$391.00        |
| #####            |                                  |                              |                  |                         |                       | #####              | #####           |
|                  | Treatment Foster Hom 4/1/2005    | ne - Contracted<br>4/30/2005 | 15+<br>\$391.00  | \$0.00                  | \$0.00                | \$0.00             | \$391.00        |

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 9

County: Chippewa

# **Ongoing Placements**

Payee ID
Payee

| Address   |                                   |                              |                   |                         |                       |                    |                 |  |
|---|-----------------------------------|------------------------------|-------------------|-------------------------|-----------------------|--------------------|-----------------|--|
| Child   | Service Descri                    | ription                      |                   | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |  |
|   | Payment<br>Start Date             | Payment<br>End Date          | Basic<br>Amount   | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |  |
| #####   |                                   |                              |                   |                         |                       | #####              | #####           |  |
|   | Treatment Foster Hom              | e - Contracted               | 12-14             |                         |                       |                    |                 |  |
|   | 4/1/2005                          | 4/30/2005                    | \$375.00          | \$216.00                | \$1,109.00            | \$0.00             | \$1,700.00      |  |
|   | 4/1/2005                          | 4/30/2005                    | \$0.00            | \$0.00                  | \$0.00                | \$887.00           | \$887.00        |  |
| #####   |                                   |                              |                   |                         |                       | #####              | #####           |  |
|   | Treatment Foster Hom              |                              |                   |                         |                       |                    |                 |  |
|   | 4/1/2005                          | 4/30/2005                    | \$375.00          | \$0.00                  | \$0.00                | \$0.00             | \$375.00        |  |
|   | Payee Total:                      |                              | \$2,252.00        | \$216.00                | \$1,109.00            | \$887.00           | \$4,464.00      |  |
| #####<br>#####<br>8839 Cty Hwy T<br>Chippewa Falls, |                                   |                              |                   |                         |                       |                    |                 |  |
| #####   |                                   |                              |                   |                         |                       | #####              | #####           |  |
|   | Foster Home - Gen. Li             | cense 0-4 vears              | s old             |                         |                       |                    |                 |  |
|   | 4/1/2005                          | 4/30/2005                    | \$302.00          | \$180.00                | \$200.00              | \$0.00             | \$682.00        |  |
| #####   |                                   |                              |                   |                         |                       | #####              | #####           |  |
|   | Foster Home - Gen. Li<br>4/1/2005 | cense 0-4 years<br>4/30/2005 | s old<br>\$302.00 | \$180.00                |                       | \$0.00             | \$682.00        |  |

#### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 10

County: Chippewa

**Ongoing Placements** 

Payee ID Payee Address Service Description Primary Caseworker Child Placement Placement Case ID Start Date End Date Basic Supp Admin Total Payment Payment Except Start Date End Date Amount Amount Amount Amount Amount **Payee Total:** \$604.00 \$360.00 \$400.00 \$0.00 \$1,364.00 ##### ##### 19769 Hwy.27 Cornell, WI 54732 ##### ##### ##### Foster Home-Gen. License 15 + years old 4/1/2005 4/30/2005 \$391.00 \$309.00 \$0.00 \$916.00 \$216.00 ##### ##### ##### Foster Home-Gen. License 15 + years old 4/1/2005 4/30/2005 \$391.00 \$216.00 \$109.00 \$0.00 \$716.00 **Payee Total:** \$782.00 \$432.00 \$418.00 \$0.00 \$1,632.00 ##### ##### 18257 Melby Street Whitehall, WI 54773 ##### ##### #####

Kinship Care Provider - CHPS

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 11

County: Chippewa

## **Ongoing Placements**

Payee ID
Payee

| Payee<br>Address                                       |                                   |                             |                 |                         |                       |                    |                 |
|--|-----------------------------------|-----------------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
| Child  | Service Descr                     | ription                     |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Date             | Payment<br>End Date         | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|  | 4/1/2005                          | 4/30/2005                   | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                                   |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider 4/1/2005    | - CHPS<br>4/30/2005         | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  |                                   |                             |                 |                         |                       |                    |                 |
|  | Payee Total:                      |                             | \$430.00        | \$0.00                  | \$0.00                | \$0.00             | \$430.00        |
| #####<br>#####<br>14522 46th Aven<br>Chippewa Falls, Y |                                   |                             |                 |                         |                       |                    |                 |
| #####  |                                   |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider<br>4/1/2005 | - No Court Ore<br>4/30/2005 | s215.00         | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                                   |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider<br>4/1/2005 | - No Court Ore<br>4/30/2005 | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                      |                             | \$430.00        | \$0.00                  | \$0.00                | \$0.00             | \$430.00        |

#### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 12

County: Chippewa

**Ongoing Placements** 

Payee ID Payee Address

Service Description Primary Caseworker Child Placement Placement Case ID Start Date End Date Basic Supp Admin Total Payment Payment Except Start Date End Date Amount Amount Amount Amount Amount

##### #####

Eau Claire, WI 54703

#####

Foster Home-Gen. License 12-14 years old 4/1/2005 4/30/2005 \$375.00 \$216.00 \$225.00 \$0.00 \$816.00

#####

Foster Home-Gen. License 12-14 years old
4/1/2005 4/30/2005 \$375.00 \$216.00 \$1,409.00 \$0.00 \$2,000.00

Payee Total: \$750.00 \$432.00 \$1,634.00 \$0.00 \$2,816.00

##### #####

2403 135th Ave Colfax, WI 54730

#####

Foster Home-Gen. License 5-11 years old

4/1/2005 4/30/2005 \$329.00 \$216.00 \$655.00 \$0.00 \$1,200.00

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 13

County: Chippewa

**Ongoing Placements** 

| - 0  |                                  |                     |                 |                         |                       |                    |                 |
|--|----------------------------------|---------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
| Payee ID<br>Payee<br>Address                     |                                  |                     |                 |                         |                       |                    |                 |
| Child  | Service Desc                     | ription             |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Date            | Payment<br>End Date | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|  | Payee Total:                     |                     | \$329.00        | \$216.00                | \$655.00              | \$0.00             | \$1,200.00      |
| #####<br>#####<br>17609 Cty Hwy<br>Bloomer, WI 5 |                                  |                     |                 |                         |                       |                    |                 |
| #####  |                                  | 15                  |                 |                         |                       | #####              | #####           |
|  | Foster Home-Gen. Lic<br>4/1/2005 | 4/30/2005           | \$391.00        | \$144.00                | \$331.00              | \$0.00             | \$866.00        |
| #####  | Foster Home-Gen. Lic             | ense 15 ± vea       | rs old          |                         |                       | #####              | #####           |
|  | 4/1/2005                         | 4/30/2005           | \$391.00        | \$216.00                | \$243.00              | \$0.00             | \$850.00        |
|  | Payee Total:                     |                     | \$782.00        | \$360.00                | \$574.00              | \$0.00             | \$1,716.00      |
| #####<br>#####<br>3257 180th St                  |                                  |                     |                 |                         |                       |                    |                 |

#####

Chippewa Falls, WI 54729

##### #####

Kinship Care Provider - No Court Order

2848 117th St

#####

Chippewa Falls, WI 54729

Foster Home-Gen. License 5-11 years old

4/30/2005

\$329.00

\$216.00

4/1/2005

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 14

Chippewa **County: Ongoing Placements** Payee ID Payee Address Child Service Description Placement Placement Primary Caseworker Case ID Start Date End Date Basic Admin Total Payment Payment Supp Except Start Date End Date Amount Amount Amount Amount Amount 4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00 **Payee Total:** \$215.00 \$0.00 \$0.00 \$0.00 \$215.00 ##### ##### 320 Wilcox Rd Cornell, WI 54732 ##### ##### ##### Foster Home-Gen. License 15 + years old 4/1/2005 4/30/2005 \$391.00 \$209.00 \$0.00 \$816.00 \$216.00 Payee Total: \$391.00 \$216.00 \$209.00 \$0.00 \$816.00 ##### #####

#####

\$0.00

\$305.00

#####

\$850.00

> Kinship Care Provider - CHPS 4/1/2005

> > **Payee Total:**

4/30/2005

\$215.00

\$215.00

\$0.00

\$0.00

#### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 15

**County:** Chippewa **Ongoing Placements** Payee ID Payee Address Service Description Primary Caseworker Child Placement Placement Case ID Start Date End Date Basic Admin Total Payment Payment Supp Except Start Date End Date Amount Amount Amount Amount Amount **Payee Total:** \$329.00 \$216.00 \$305.00 \$0.00 \$850.00 ##### ##### 12760 155th Avenue Bloomer, WI 54724 ##### ##### ##### Foster Home-Gen. License 15 + years old 4/1/2005 4/30/2005 \$391.00 \$216.00 \$393.00 \$0.00 \$1,000.00 **Payee Total:** \$391.00 \$216.00 \$393.00 \$0.00 \$1,000.00 ##### ##### 10633 State Hwy 178 Chippewa Falls, WI 54729 ##### ##### #####

\$0.00

\$0.00

\$0.00

\$0.00

\$215.00

\$215.00

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 16

County: Chippewa

**Ongoing Placements** 

Payee ID Payee Address

#####

#####

Child Service Description Primary Caseworker Placement Placement Case ID Start Date End Date Payment Basic Supp Admin Total Payment Except Start Date End Date Amount Amount Amount Amount Amount

##### 402 Mansfield St Chippewa Falls, WI 54729

##### ##### ###### ###### ######

Kinship Care Provider - No Court Order

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

Payee Total: \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

##### 4441 132nd Street Chippewa Falls, WI 54729

##### ######

Kinship Care Provider - No Court Order

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

Payee Total: \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT Report Id: FM0103 Page: 17

County: Chippewa

### **Ongoing Placements**

Payee ID Payee Address

Service Description Primary Caseworker Case ID Child Placement Placement Start Date End Date Basic Supp Admin Total Payment Payment Except Start Date End Date Amount Amount Amount Amount Amount

##### ##### 1490 Airport Rd Eau Claire, WI 54703

##### ##### ###### ###### ######

Kinship Care Provider - No Court Order

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

Payee Total: \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

##### ##### 701 Squire St. Cornell, WI 54732

#####

Foster Home-Gen. License 15 + years old

4/1/2005 4/30/2005 \$391.00 \$216.00 \$458.00 \$0.00 \$1,065.00

#####

Foster Home-Gen. License 12-14 years old

4/1/2005 4/30/2005 \$375.00 \$216.00 \$509.00 \$0.00 \$1,100.00

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 18

County: Chippewa

# **Ongoing Placements**

| <b>Ongoing Placements</b>                                  |                                |                             |                 |                         |                       |                    |                 |
|--|--------------------------------|-----------------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
| Payee ID<br>Payee<br>Address                               |                                |                             |                 |                         |                       |                    |                 |
| Child  | Service Descr                  | ription                     |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Date          | Payment<br>End Date         | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|  | Payee Total:                   |                             | \$766.00        | \$432.00                | \$967.00              | \$0.00             | \$2,165.00      |
| #####<br>#####<br>2575 16th Street<br>Rice Lake, WI 54868  |                                |                             |                 |                         |                       |                    |                 |
| #####  |                                |                             |                 |                         |                       | #####              | #####           |
| Kin  | ship Care Provider<br>4/1/2005 | - No Court Ore<br>4/30/2005 | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                   |                             | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####<br>#####<br>21159 County Hwy 40<br>Bloomer, WI 54724 | )                              |                             |                 |                         |                       |                    |                 |
| #####  |                                |                             |                 |                         |                       | #####              | #####           |
| Kin  | ship Care Provider<br>4/1/2005 | - No Court Ore<br>4/30/2005 | der<br>\$215.00 | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                   |                             | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |

## Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 19

County: Chippewa

| Ongoing Placen                                     | nents                        |                                  |          |                         |                       |                    |                 |
|--|------------------------------|----------------------------------|----------|-------------------------|-----------------------|--------------------|-----------------|
| Payee ID<br>Payee<br>Address                       |                              |                                  |          |                         |                       |                    |                 |
| Child  | Service                      | Description                      |          | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Da          |                                  |          | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
| #####<br>#####<br>27750 278th St<br>Holcombe, WI 5 | 4745                         |                                  |          |                         |                       |                    |                 |
| #####  |                              |                                  |          |                         |                       | #####              | #####           |
|  | Kinship Care Pro<br>4/1/2005 | ovider - No Court (<br>4/30/2005 |          | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                              |                                  |          |                         |                       | #####              | #####           |
|  | Kinship Care Pro<br>4/1/2005 | ovider - No Court<br>4/30/2005   |          | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                              |                                  |          |                         |                       | #####              | #####           |
|  | Kinship Care Pro<br>4/1/2005 | ovider - No Court<br>4/30/2005   |          | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                              |                                  |          |                         |                       | #####              | #####           |
|  | Kinship Care Pro<br>4/1/2005 | ovider - No Court<br>4/30/2005   |          | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee To                     | otal:                            | \$860.00 | \$0.00                  | \$0.00                | \$0.00             | \$860.00        |

#### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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County: Chippewa

**Ongoing Placements** 

Payee ID Payee Address

#####

Service Description Primary Caseworker Child Placement Placement Case ID Start Date End Date Basic Supp Admin Total Payment Payment Except Start Date End Date Amount Amount Amount Amount Amount

##### 4447 131st Street

Chippewa Falls, WI 54729

#####

Foster Home-Gen. License 5-11 years old 4/1/2005 4/30/2005 \$329.00 \$180.00 \$155.00 \$0.00 \$664.00

#####

Foster Home-Gen. License 5-11 years old 4/1/2005 4/30/2005 \$329.00 \$180.00 \$155.00 \$0.00 \$664.00

Payee Total: \$658.00 \$360.00 \$310.00 \$0.00 \$1,328.00

#####
#####
14 Southview Court
Cornell, WI 54732

#####

Kinship Care Provider - No Court Order

4/1/2005 4/30/2005 \$215.00 \$0.00 \$0.00 \$0.00 \$215.00

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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County: Chippewa

**Ongoing Placements** 

| Payee ID<br>Payee<br>Address                     |                                |                             |                 |                         |                       |                    |                 |
|--|--------------------------------|-----------------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
| Child  | Service Descr                  | ription                     |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Date          | Payment<br>End Date         | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|  | Payee Total:                   |                             | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| ##### ##### 701 Woodward Chippewa Falls          |                                |                             |                 |                         |                       |                    |                 |
| #####  |                                |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider 4/1/2005 | - No Court Ord<br>4/30/2005 | der<br>\$215.00 | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                                |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider 4/1/2005 | - No Court Ore<br>4/30/2005 | der<br>\$215.00 | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                   |                             | \$430.00        | \$0.00                  | \$0.00                | \$0.00             | \$430.00        |
| #####<br>#####<br>205 E Dell St<br>New Auburn, W | VI 54757                       |                             |                 |                         |                       |                    |                 |
| #####  |                                |                             |                 |                         |                       | #####              | #####           |

Kinship Care Provider - No Court Order

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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County: Chippewa

## **Ongoing Placements**

Payee ID Payee Address

| Payee<br>Address                                  |                               |                              |                   |                         |                       |                    |                 |
|---|-------------------------------|------------------------------|-------------------|-------------------------|-----------------------|--------------------|-----------------|
| Child   | Service Desc                  | cription                     |                   | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|   | Payment<br>Start Date         | Payment<br>End Date          | Basic<br>Amount   | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|   | 4/1/2005                      | 4/30/2005                    | \$215.00          | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####   |                               |                              |                   |                         |                       | #####              | #####           |
|   | Kinship Care Provider         |                              |                   | Φ0.22                   | 40.00                 | <b>40.0</b> 0      | <b>4017</b> 00  |
|   | 4/1/2005                      | 4/30/2005                    | \$215.00          | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|   | Payee Total:                  |                              | \$430.00          | \$0.00                  | \$0.00                | \$0.00             | \$430.00        |
| #####<br>#####<br>21440 Cty Hwy<br>Holcombe, WI 5 |                               |                              |                   |                         |                       |                    |                 |
| #####   |                               |                              |                   |                         |                       | #####              | #####           |
|   | Foster Home - Gen. L          | icense 0-4 years             | s old             |                         |                       |                    |                 |
|   | 4/1/2005                      | 4/30/2005                    | \$302.00          | \$108.00                | \$100.00              | \$0.00             | \$510.00        |
| #####   |                               |                              |                   |                         |                       | #####              | #####           |
|   | Foster Home-Gen. Lie 4/1/2005 | cense 5-11 year<br>4/30/2005 | s old<br>\$329.00 | \$144.00                | \$127.00              | \$0.00             | \$600.00        |
|   | Payee Total:                  |                              | \$631.00          | \$252.00                | \$227.00              | \$0.00             | \$1,110.00      |

Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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**County:** Chippewa

## **Ongoing Placements**

Payee ID Payee Address Service Description Primary Caseworker Case ID Child Placement Placement Start Date End Date Supp Admin Total Payment Payment Basic Except Start Date End Date Amount Amount Amount Amount Amount ##### ##### 301 Hardiman Ave South Dallas, WI 54733 ##### ##### ##### Foster Home-Gen. License 15 + years old 4/1/2005 4/30/2005 \$391.00 \$0.00 \$0.00 \$0.00 \$391.00 ##### ##### ##### Foster Home-Gen. License 12-14 years old 4/1/2005 4/30/2005 \$263.00 \$0.00 \$375.00 \$108.00 \$746.00 ##### ##### ##### Foster Home-Gen. License 5-11 years old \$0.00 4/1/2005 4/30/2005 \$329.00 \$216.00 \$205.00 \$750.00 **Payee Total:** \$1,887.00 \$1,095.00 \$324.00 \$468.00 \$0.00 ##### ##### 25520 260th Ave Holcombe, WI 54745

##### ##### #####

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

Report Id: FM0103 Page: 24

County: Chippewa

# **Ongoing Placements**

Payee ID Payee Address

| Address  |                                   |                             |                 |                         |                       |                    |                 |
|--|-----------------------------------|-----------------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|
| Child  | Service Description               |                             |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |
|  | Payment<br>Start Date             | Payment<br>End Date         | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |
|  | Kinship Care Provider<br>4/1/2005 | - No Court Ord<br>4/30/2005 | der<br>\$215.00 | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
| #####  |                                   |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider<br>4/1/2005 | - No Court Ord<br>4/30/2005 | der<br>\$215.00 | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                      |                             | \$430.00        | \$0.00                  | \$0.00                | \$0.00             | \$430.00        |
| #####<br>#####<br>613 E Nayes St<br>Boyd, WI 54726 |                                   |                             |                 |                         |                       |                    |                 |
| #####  |                                   |                             |                 |                         |                       | #####              | #####           |
|  | Kinship Care Provider<br>4/1/2005 | - No Court Ore<br>4/30/2005 | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |
|  | Payee Total:                      |                             | \$215.00        | \$0.00                  | \$0.00                | \$0.00             | \$215.00        |

#### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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County: Chippewa

### Placements Affected by Birthday

Payee ID Payee Address

Child Service Description Placement Placement Primary Caseworker Case ID
Start Date End Date

Payment Payment Basic Supp Except Admin Total Start Date End Date Amount Amount Amount Amount Amount

##### #####

516 2ND ST SUITE 209

Hudson, WI 54016

#####.

Treatment Foster Home - Contracted 12-14
4/12/2005 4/30/2005 \$234.25 \$134.93 \$0.00 \$0.00 \$369.18

Treatment Foster Home - Contracted 5-11
4/1/2005 4/11/2005 \$118.98 \$78.12 \$0.00 \$0.00 \$197.10

Payee Total: \$353.23 \$213.05 \$0.00 \$0.00 \$566.28

##### ######

21440 Cty Hwy M Holcombe, WI 54745

#####

Foster Home-Gen. License 12-14 years old

4/29/2005 4/30/2005 \$24.66 \$11.84 \$11.90 \$0.00 \$48.40

Foster Home-Gen. License 5-11 years old

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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County: Chippewa

# Placements Affected by Birthday

Payee ID Payee Address

| Child | Service Description   |                     |                 | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID         |  |
|-------|-----------------------|---------------------|-----------------|-------------------------|-----------------------|--------------------|-----------------|--|
|       | Payment<br>Start Date | Payment<br>End Date | Basic<br>Amount | Supp<br>Amount          | Except<br>Amount      | Admin<br>Amount    | Total<br>Amount |  |
|       | 4/1/2005              | 4/28/2005           | \$302.87        | \$165.70                | \$166.62              | \$0.00             | \$635.19        |  |
|       | Pavee Total:          |                     | \$327.53        | <b>\$177.54</b>         | \$178.52              | \$0.00             | \$683.59        |  |

### Wisconsin Dept. of Health and Family Services Division of Children and Family Services PRE-PAYMENT VERIFICATION REPORT

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County: Chippewa

## **Placements With Payments Resulting From Retroactive Rate Changes**

Payee ID Payee Address

| Child | Service Description |          |        | Placement<br>Start Date | Placement<br>End Date | Primary Caseworker | Case ID |
|-------|---------------------|----------|--------|-------------------------|-----------------------|--------------------|---------|
|       | Payment             | Payment  | Basic  | Supp                    | Except                | Admin              | Total   |
|       | Start Date          | End Date | Amount | Amount                  | Amount                | Amount             | Amount  |

##### #####

Eau Claire, WI 54702

| ##### |                 | ##### | ##### |
|-------|-----------------|-------|-------|
|       | RCC - JIPS/DELQ |       |       |

| County Tota  | ıl:      | \$18,587.40 | \$4,706.95 | \$8,652.49 | \$887.00 | \$34,030.39 |
|--------------|----------|-------------|------------|------------|----------|-------------|
| Payee Total: |          | \$0.00      | \$0.00     | \$0.00     | \$0.00   | \$1,196.55  |
| 8/6/2003     | 8/6/2003 | \$0.00      | \$0.00     | \$0.00     | \$0.00   | \$1,196.55  |